

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732018

FILED
Jan 04, 2010
Secretary of State

Entity Name: WAKULLA COUNTY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

23 HIGH DR
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

P O BOX 598
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number: 59-1907569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROUTA, ROBERT A
2931 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PE
Name: SHUFF, JOHN
Address: 87 TUPELO DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: PP
Name: JOHNSON, PAUL J
Address: 537 HICKORYWOOD DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: P
Name: MOORE, KIMBERLY A
Address: 325 JOHN KNOX ROAD BUILDING B-100
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP
Name: GEIGER, AMY
Address: 2592 CRAWFORDVILLE HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T
Name: EVANS, JERRY
Address: PO BOX 610
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: S
Name: BARFIELD, TAMMIE
Address: P.O. BOX 307
City-St-Zip: CRAWFORDVILLE, FL 32326

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL J. JOHNSON

PP

01/04/2010

Electronic Signature of Signing Officer or Director

Date